



Division of Building and Safety
Application

Job Address		Application Date		Issue Date		Fees Paid		Use Code	
Street #: _____ Street Name: _____		_____		_____		_____		_____	
Apt/Suite: _____ Lot: _____ APN: _____		Permit Use _____		_____		_____		_____	
Tract: _____ Cross Street: _____		_____		_____		_____		_____	
Owner: _____		Planning/Setbacks		Zoning _____ Planner _____		_____		_____	
Contact Person: _____		Front _____ Side/Side Street _____ RW _____		Rear _____ Side _____ RW _____		_____		_____	
Street #: _____ Street Name: _____		Sewer _____ Permit # _____		Type _____ Pit Size _____ Tank Size _____ gal		_____		_____	
City: _____ Zip: _____ State: _____		Grading		Cu Yds Excavate _____ Cu Yds Fill _____ Total _____		_____		_____	
Phone: _____ Cell: _____ Owner/Builder _____		TYPE		SQ FT		FACTOR		AREA/VALUATION	
Applicant: _____		_____		_____		_____		_____	
Contact Person: _____		_____		_____		_____		_____	
Street #: _____ Street Name: _____		_____		_____		_____		_____	
City: _____ Zip: _____ State: _____		_____		_____		_____		_____	
Phone: _____ Cell: _____ Bus. Lic. # _____		_____		_____		_____		_____	
Contractor: _____		Garage _____		_____		_____		_____	
Contact Person: _____		Porch _____		_____		_____		_____	
Street #: _____ Street Name: _____		Valuation _____		Adj Area _____		_____		_____	
City: _____ Zip: _____ State: _____		DESCRIPTION		FEE		_____		_____	
Phone: _____ Cell: _____ License #: _____		_____		_____		_____		_____	
Eng/Arch: _____		_____		_____		_____		_____	
Contact Person: _____		_____		_____		_____		_____	
Street #: _____ Street Name: _____		_____		_____		_____		_____	
City: _____ Zip: _____ State: _____		_____		_____		_____		_____	
Phone: _____ License #: _____		_____		_____		_____		_____	
Const. Type _____ Occ. Group _____		_____		_____		_____		_____	
No. Dwel Units _____ No. Stories _____ No. Bedrooms _____		_____		_____		_____		_____	
Lot Dimensions _____ By _____ Flood Zone _____		_____		_____		_____		_____	
Existing No. of Bldgs. on Lot _____ How Used _____		_____		_____		_____		_____	
Will you be working in the Town Right of Way? _____		_____		_____		_____		_____	
Comments _____		_____		_____		_____		_____	
Receipt # _____ Paid by _____ Validation _____		_____		_____		_____		_____	



Department of Building & Safety

CERTIFICATE OF COMPLIANCE AND AUTHORIZING OF ENTRY: I certify I have read this application and state that the above information is correct. I agree to with comply all state laws and town and county ordinances relating to building construction and authorize a representative of the Town to enter upon the property for which I have applied for this permit for the purpose of making inspections.

X Signature of Applicant or Agent _____ Date _____



CALIFORNIA LICENSED CONTRACTOR'S DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Contractor Name and Address: _____

License Class and No. _____ Exp. Date _____ Contractor Signature _____

OWNER-BUILDER'S DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason(s) indicated below by the checkmark(s) I have placed next to the applicable item(s) (Section 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).):

☐ I, as owner of the property, or my employees with wages as their sole compensation, will do ☐ all of or ☐ portions of the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building of improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.)

☐ I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project (Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License Law.)

☐ I am exempt from licensure under the Contractors' State License Law for the following reason: _____

By my signature below I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: <http://www.loginfo.ca.gov/calaw.html>.

Property Owner or Authorized Agent signature _____ Date _____

IDENTIFY WORKERS' COMPENSATION COVERAGE AND LENDING AGENCY

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000), IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

WORKERS' COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.
Policy No. _____

☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:
Carrier _____ Policy No. _____ Expiration Date _____

Name of Agent _____ Tel No. _____

☐ I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

DECLARATION REGARDING CONSTRUCTION LENDING AGENCY

I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Section 3097, Civil Code).

Lender's Name and address _____

DECLARATION BY CONSTRUCTION PERMIT APPLICANT

By my signature below, I certify to each of the following:

I am ☐ a California licensed contractor or ☐ the property owner* or ☐ authorized to act on the property owner's behalf**.

I have read this construction permit application and the information I have provided is correct. I agree to comply with all applicable town and county ordinances and state laws relating to building construction. I authorize representatives of this city or county to enter the above-identified property for inspection purposes.

California Licensed Contractor, Property Owner* or Authorized Agent** (*requires separate verification form **requires separate authorization form)

Signature _____ Date _____